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CASE OF PORRO-CÆSAREAN SECTION  
(MODIFIED)

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*presented by the author*

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## A SUCCESSFUL CASE OF PORRO-CÆSAREAN SECTION (Modified)

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The modern improvements in surgical procedures have no doubt had much to do with the present position occupied by the operation of Cæsarean section. Not infrequently one meets nowadays in medical literature with a report of a successful Porro-Cæsarean section, but such cases are still sufficiently rare to warrant their publication in detail. The present case is, as far as I can learn, the third recorded in the State of Ohio and the second successful one in this State since 1889.

The history of the patient is briefly as follows: A. R., a colored single woman was admitted to the general ward of the Charity Hospital on Dec. 11th, 1894, complaining of amenorrhea, leucorrhea, pain in the back and limbs, and a tumor in the abdomen.

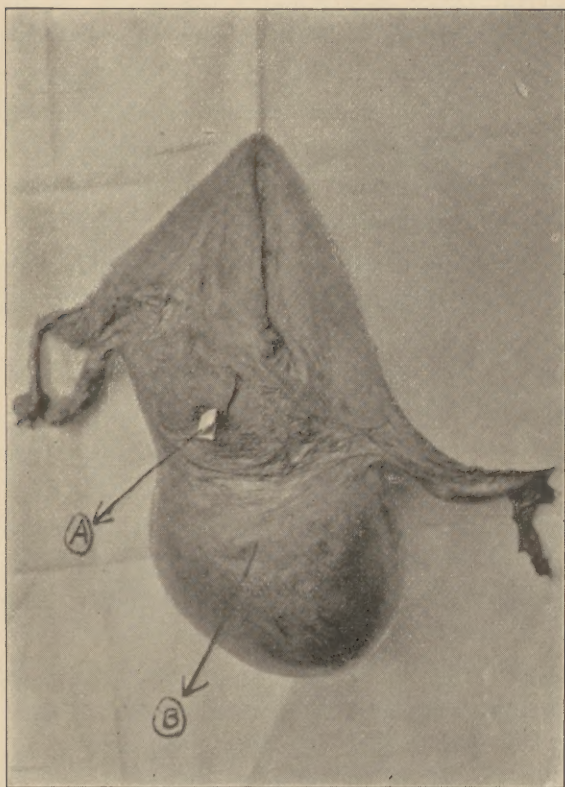
The family history has no bearing on the case. The patient's mother died in child-birth. Two sisters died of consumption. One brother died of heart-disease. The personal history up to the fall of 1893, gives us but little information. Menstruation began at sixteen and was regular except for two months when the patient, at the age of eighteen, had an attack of malarial (or typhoid?) fever. The periods lasted generally three or four days, with some pain on the first day. Occasionally at these times the cramps in the lower abdomen were quite severe. The flow was somewhat scanty. According to the patient's statement there was one attempt at sexual intercourse in March, 1894, and the menses last appeared on the 20th of that month. For six months previous to this she had complained of cramps in the abdomen, pain in the back, and a great deal of aching in the limbs, which made it difficult for her to keep about.



In April, 1894, she had sought medical aid more especially on account of the cessation of the menses. Since that time her sufferings had become gradually worse, and when she came under our care she complained also of a tumor in the abdomen. Before entrance she had been examined by several prominent physicians who had diagnosed the case as one of fibroid tumor. On examination made at the time of admission the abdominal cavity was found to be filled with a globular mass, on the anterior surface of which four distinct nodules varying in size from that of a walnut to that of a lemon could be distinctly made out. By vaginal examination a tumor about the size of a coconut could be made out, which was evidently connected with the posterior portion of the cervix and lower part of the uterus. This tumor filled up the pelvis to such an extent as to leave practically no space between its anterior portion and the *symphysis pubis*, and it was only with difficulty that the cervix could be felt high up at about the level of the symphysis. The cervix was soft.

After a careful examination I made a diagnosis of pregnancy complicated by the presence of subperitoneal myomata, and in view of the fact that the tumor felt by the finger in the vagina obstructed the pelvis so that it seemed impossible for delivery to take place *per vias naturales*, I decided upon Cæsarean section, which was accordingly performed on Dec. 13th, 1894.

OPERATION:—After the abdomen had been opened by a median incision and the relation of the tumor to the uterus could be clearly made out it was found to be intimately connected with the cervix and the body of the uterus, the whole forming a mass of such size that it could not be delivered while the uterus was still distended. It was necessary, therefore, to incise the uterus *in situ*. A rubber ligature having been thrown around the cervix the uterus was opened anteriorly and a fetus weighing seven pounds was extracted. The umbilical cord having been clamped and cut the child was resuscitated, artificial respiration being induced by swinging according to Kelly's method. The hemorrhage from the uterus was meanwhile controlled by my assistant, Dr. Becker, who compressed the tissues with his hands. The left broad ligament was now divided (ligatures, not clamps, being employed) and the empty uterus together with the tumor mass was delivered. The rubber ligature being now reapplied so as to include also the right broad ligament the uterus and tumor were cut away. The uterine arteries were now tied. The cervix having been trimmed so as to be cup-shaped and the cervical canal having been cauterized the edges of the pedicle were



**MYOMATOUS UTERUS WITH TUBES AND OVARIES**

- a.* Position of Cervix
- b.* Large Tumor Blocking Pelvic Cavity



brought together by means of interrupted silk sutures. The peritoneal cavity having been washed out with sterilized salt-solution the abdominal wound was closed with interrupted deep silk-worm gut and superficial silk sutures. The usual dressing was then applied and the patient put to bed. The whole operation occupied one hour and fifteen minutes.

During convalescence an infection of the pedicle on the right side took place, the infective agent having probably gained admission from the vagina through the cervical canal. On the fourth day after the operation the lower angle of the incision was opened in order to afford free drainage, which was also insured by an opening through the right vaginal fornix. The wound was irrigated daily through these openings, gauze being afterwards inserted. The mother and child are both well.

**PATHOLOGIC EXAMINATION.**—The specimen removed consists of the uterus with the tubes and ovaries, together with eight myomatous tumors, some of the subperitoneal, others of the interstitial variety. The myomatous mass which had blocked up the pelvic cavity had developed from the lower segment of the uterus and the posterior lip of the cervix. It measures 22.5x12.5x7 cm. and consists of two distinct nodules of about equal size.

In the median line on the anterior surface of the uterus is an incision measuring eight cm. in length. The walls of the uterus at the site of the incision measure 4.4 cm. in thickness. The weight of the entire mass is 1,420 grams.

The accompanying photograph shows the relative positions of the tumor and of the uterus.



